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BPA 7-14-07

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

YASUO SUDA

Appln. No.: 09/698,241

Filed: October 30, 2000

For: FOCUS DETECTING DEVICE

Examiner: Kelly L. Jerabek

Group Art Unit: 2612

June 22, 2004

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

RECEIVED

JUN 29 2004

Technology Center 2600

SUPPLEMENTAL AMENDMENT

Sir:

Supplemental to the Amendment filed May 26, 2004, please amend the above-identified application, as follows:

In re Application of

YASUO SUDA

Application No.: 09/698,241

Filed: October 30, 2000

For: FOCUS DETECTING DEVICE

Docket No. 03560.002666 (35.G2666)

Examiner: Kelly L. Jerabek

Group Art Unit: 2612

Date: June 22, 2004

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JUN 29 2004

Technology Center 2600

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Supplemental Amendment in the above-identified application.

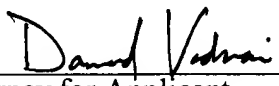
☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	21	MINUS	20	= 0	x \$9 \$18	\$ 18.00
INDEP. CLAIMS	2	MINUS	3	= 0	x \$43 \$86	\$ 0.00
Fee for Multiple Dependent claims \$145°/\$290						\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 18.00

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$ 18.00 is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Damond E. Vadnais
Registration No. 52,310

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DEV/vc